

ANNUAL REPORT
Regional Water Quality Control Board
Santa Ana Region
(Order No. R8-2013-0001, NPDES No. CAG018001)



Reporting Period: **January 1, 2014 through December 31, 2014**
 Report Due Date: **January 15, 2015**

| FACILITY INFORMATION (Please make any corrections directly on this form) | | |
|---|------------------------------------|--|
| CAFO Operator's Name | Ron Pietersma | |
| CAFO Facility Name | Falloncrest Farms | |
| Facility Address | | |
| Mailing Address | Ex. 6 Personal Privacy (PP) | |
| Telephone Number | | |

| ANIMAL POPULATION (Please provide the number of animals in each category) | | | |
|--|----------|---------|--------|
| Milking Cows | Dry Cows | Heifers | Calves |
| Ø | Ø | 3,500 | Ø |
| Others (specify type and number) _____ | | | |

| MANURE INFORMATION | | Units Used : Tons <u>X</u> Cubic Yards _____ |
|--|--|--|
| Manure Produced <u>5,022</u> | Manure Spread on Cropland at Facility <u>Ø</u> | |
| Manure Spread on Other Cropland <u>Ø</u> | | |
| Manure Stockpiled on Site as of 12/31/14 <u>Ø</u> | | |
| Manure Hauled Away (Also provide Manure Tracking Manifests, Form 4) <u>5,022</u> | | |
| Was Manure Amount Calculated Using the Following Factors? | | Yes _____ No <u>X</u> |
| 1 Milking cow produces approximately 4.1 tons of manure per year 1 Dry cow produces approximately 4.1 tons of manure per year 1 Heifer produces approximately 1.5 tons of manure per year 1 Calf produces approximately 0.6 tons of manure per year | | |
| *1 ton of corral manure equals 2.32 cubic yards and 1 cubic yard of corral manure equals 0.43 tons | | |

LOGGED

1-20-15

ENTER DAIRY DB

1-21-15

SCANNED TO FILE

NUTRIENT MANAGEMENT PLAN (NMP) AND NUTRIENT ANALYSISNMP is Certified Yes _____ No N/A

Has the most current nutrient analysis been provided to the recipient of the manure?

Yes ☒ No _____**CROP GROWING ACTIVITY**

Number of cropland acres where manure has been applied (Cropland is contiguous to the dairy, where manure was applied and a crop was harvested).

Cropland acres: _____ No. of plantings per year: One _____ Two _____ Three _____

Type of crops grown:

Sudan grass _____ Alfalfa _____ Winter wheat _____

Barley _____ Bermuda grass _____ corn _____ Oats _____ Turf Grass _____

Vegetables _____ Others _____

Actual crop yields _____

Manure application rates _____

Amount of manure spread on each field _____

Number of Milkings per day (Dairies only): One _____ Two _____ Three _____

COMMENTS:**CERTIFICATION:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): Ronald C. Pietersma

Signature: _____

Date: 1-13-15Title: Owner / Operator

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana RegionOrder No. R8-2013-0001, NPDES No. CAG018001
Reporting Period: January 1, 2013 through December 31, 2013

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name Legend Dairy #1

CAFO Facility Name

Facility Address Ex. 6 Personal Privacy (PP)

Mailing Address

Telephone Number

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☐No ☐Most current nutrient analysis of manure provided to the recipient of the manure¹Yes ☐No ☒

MANURE HAULER INFORMATION

Name and Address of Hauling Company
Three Brothers Farms

Ex. 6 Personal Privacy (PP)

Contact Person Name: Guillermo Torres

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
☐ Regional Treatment Facility
☐ Croplands in Riverside County
☒ Croplands in San Bernardino County
☐ Croplands in other Counties _____

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

5,022

Dates Hauled:

01/29/2014-02/26/2014

Destination of Haul

Ex. 6 Personal Privacy (PP)

GPS Coordinates

Destination Receiver of Manure: Chino Prison

Manure Quantity Delivered: 5,022 Tons

Approximate Acreage (If Destination is Cropland) _____

Crop(s) Grown on Cropland Pumpkins

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature: _____

Date: 1-14-15

Hauler's Signature: Guillermo Torres

Date: March 31, 2014

1. The Regional Board may ask for a copy of manure nutrient analysis.
2. GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Form 2. Summary Report of Weekly Storm Water Management Structure Inspections
(Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014

| | |
|---|------------------------------------|
| Facility Information (Please make corrections directly on this form) | |
| Operator's Name | Ron Pietersma |
| Facility Name | Falloncrest Farms |
| Facility Address | Ex. 6 Personal Privacy (PP) |

Was the CAFO Weekly Storm Water Management Structure Inspections Log Sheet completed for the entire year? Yes ☒ No ☐
If No, please explain why the log sheet was not completed for the entire year.

Were water lines inspected daily? Yes ☒ No ☐
Were there any discharges from the facility during the year? Yes ☐ No ☒

If Yes, please provide: the date of discharge, how it was discovered (was it during a routine site inspection?), how long did the discharge last, and how it was stopped.

| Date of incident | How was it discovered? | How long did it last and volume | How was it stopped? |
|------------------|------------------------|---------------------------------|---------------------|
| | | | |
| | | | |
| | | | |

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): Ronald C. Pietersma
Title: Owner
Signature: [Signature]
Date: 1-13-15